

ALL VIP CARE & STAFFING WEEKLY VISIT RECORD

Client Name Alma Solo Week of 02/14/22 through 02/19/22

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	OBSERVATIONS
DATE	16	17	18	19	20			
TIME IN								
TIME OUT								
ACTIVITIES								
Temperature								
BP								
Pulse								
Respirations								
Last BM								
Bed bath								
Shower-standing								
Shower-chair								
Tub bath								
Shampoo hair								
Dry hair								
Set hair								
Brush and style hair								
Shave								
Nail care - cut and rub								
Brush teeth/brush								
Check stoma area								
Check pressure areas								
Assist with walking								
Assist with transferring								
Hygiene								
Assisted with eating								
Assisted with dressing								
Assisted with feeding								
Weigh client								
Assist with self-administration of medications								
Ambulation assist W/C walker								
Cath								
Mega preparation								
Venous and daps								
Laundry								
Change bed linen								
Transportation								
Grocery shopping								
Unit/Encourage fluids								
Doctor's appointments								
Shopping								
Outdoor recreation								
Assist with meal								
Other								

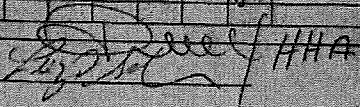

Aide/Companion Signature/Title AHH [Signature] Date 02-14-22

Client Signature Temper Solo Date 02-18-22

EXHIBIT
J-9

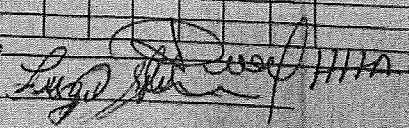
[illegible]

Client Name Alicia Goto ALL VIP CARE & STAFFING WEEKLY VISIT RECORD
Week of 03/14/22 through 03/18/22

	Mon	TUES	WED	THUR	FRI	SAT	SUN	OBSERVATIONS
DATE	03/14	03/15	03/16	03/17	03/18			
TIME IN	6 PM	6 PM	6 PM	6 PM	6 PM			
TIME OUT								
ACTIVITIES								
Temperature								
BP								
Pulse								
Respirations								
Last BM								
Bed bath								
Shower-standing								
Shower-chair								
Tub bath								
Shampoo hair								
Dry hair								
Set hair								
Brush and style hair								
Shave								
Nail care - Do not cut nails								
Brush teeth/dentures								
Check pressure areas								
Check pressure areas								
Assist with walking								
Assist with transferring								
Hoyer lift								
Assisted with dressing								
Assisted with undressing								
Assisted with feeding								
Weigh client								
Assist with self-administration of medications								
Ambulation assist: W/C Walker								
Care								
Meal preparation								
Vacuum and dust								
Laundry								
Change bed linen								
Transportation								
Grocery shopping								
Unit/Encourage fluids								
Doctor's appointments								
Shopping								
Outdoor recreation								
Assist with mood								
Other								
Alide/Companion Signature/Title								Date <u>03-14-22</u>
Client Signature								Date <u>03-18-22</u>

ALL VIP CARE & STAFFING WEEKLY VISIT RECORD

Client Name Alvin Soto Week of 03/21/22 through 03/25/22

	Mon	TUES	WED	THUR	FRI	SAT	SUN	OBSERVATIONS
DATE	3/21/22	3/22/22	3/23/22	3/24/22	3/25/22			
TIME IN	6:20 PM	6:20 PM	6:20 PM	6:20 PM	6:20 PM			
TIME OUT								
ACTIVITIES								
Temperature								
BP								
Pulse								
Respirations								
Last BM								
Bed bath								
Shower-standing								
Shower-chair								
Tub bath								
Shampoo hair								
Dry hair								
Set hair								
Brush and style hair								
Shave								
Nail care - Do not cut nails								
Brush teeth/dentures								
Check pressure areas								
Checked pressure areas								
Assist with walking								
Assist with transferring								
Hoyer lift								
Assisted with dressing								
Assisted with undressing								
Assisted with feeding								
Weigh client								
Assist with self-administration of medications								
Ambulation assist - W/C Walker								
Cane								
Megl preparation								
Vacuum and dust								
Laundry								
Change bed linens								
Transportation								
Grocery shopping								
Linit/Encourage fluids								
Doctor's appointments								
Shopping								
Outdoor recreation								
Assist with meal								
Other								
Aide/Companion Signature/Title								Date <u>03-21-22</u>
Client Signature								Date <u>03-25-22</u>

Client Name: Alisa 6040 ALL VIP CARE & STAFFING WEEKLY VISIT RECORD
Week of 03-20-22 through 03-27-22

DATE	MON	TUE	WED	THUR	FRI	SAT	SUN	COMMENTS
TIME IN	8:00	8:00						
TIME OUT	6:00	1:00						
ACTIVITIES								
Temperature								
BP								
Pulse								
Respirations								
Last BM								
Bed bath								
Shower/shampoo								
Shower/shave								
Tidy bath								
Strengthen hair								
Day hair								
Set hair								
Brush and style hair								
Shave								
Well care - do not cut nails								
Brush teeth/dentures								
Check pressure areas								
Check and pressure areas								
Assist with walking								
Assist with transferring								
Hoist lift								
Assisted with dressing								
Assisted with collecting								
Assisted with feeding								
Weigh client								
Assist with self-administration of medications								
Assist with W/C Walker								
Change								
Meal preparation								
Vaccines and shot								
Laundry								
Change bed linen								
Transportation								
Grocery shopping								
Letter/Encouragement								
Doctor's appointments								
Shopping								
Oral care								
Assist with meal								
Other								

Aide/Companion Signature/Title: [Signature] Date: 03-20-22

Client Signature: [Signature] Date: 03-20-22

Client Name Alicia ALL VIP CARE & STAFFING WEEKLY VISIT RECORD
 Week of 28/02/22 through 04/03/22

DATE	MON	TUES	WED	THUR	FRI	SAT	SUN	OBSERVATIONS
TIME IN	10:00	10:00	10:00	10:00	10:00			
TIME OUT	6:00	6:00	6:00	6:00	6:00			
ACTIVITIES								
Temperature								
BP								
Pulse								
Respirations								
Last BM								
Bed bath								
Shower-standing								
Shower-chair								
Tub bath								
Shampoo hair								
Dry hair								
Set hair								
Brush and style hair								
Shave								
Nail care - do not cut nails								
Brush teeth/dentures								
Check pressure areas								
Check pressure areas								
Assist with walking								
Assist with transferring								
Hoyer lift								
Assisted with dressing								
Assisted with toileting								
Assisted with feeding								
Weigh client								
Assist with self-administration of medications								
Ambulation assist - W/C Walker								
Cane								
Myl preparation								
Vacuum and dust								
Laundry								
Change bed linen								
Transportation								
Grocery shopping								
Umb/Incontinence fluids								
Doctor's appointments								
Shopping								
Outdoor recreation								
Assist with meal								
Other								

Alde/Companion Signature/Title [Signature] Date 28-02-22
 Client Signature [Signature] Date 04-03-22

ALL VIP CARE & STAFFING WEEKLY VISIT RECORD								
Client Name	<u>ALICIA SOTO</u>			Week of <u>04/11/22</u> through <u>4/17/22</u>				
	MON	TUES	WED	THUR	FRI	SAT	SUN	OBSERVATIONS
DATE	4/11	4/12	4/13	4/14	4/15			
TIME IN	10:10am	10:10am	10:10am	10:10am	10:10am			
TIME OUT	4:10pm	4:10pm	4:10pm	4:10pm	4:10pm			
ACTIVITIES								
Temperature								
BP								
Pulse								
Respirations								
Last BM								
Bed bath								
Shower-standing								
Shower-chair								
Tub bath								
Shampoo hair								
Dry hair								
Set hair								
Brush and style hair								
Shave								
Nail care Do not cut nails								
Brush teeth/dentures								
Check pressure areas								
Checked pressure areas								
Assist with walking								
Assist with transferring								
Hoyer lift								
Assisted with dressing								
Assisted with toileting								
Assisted with feeding								
Weigh client								
Assist with self-administration of medications								
Ambulation assist W/C Walker Cane								
Meal preparation								
Vacuum and dust								
Laundry								
Change bed linens								
Transportation								
Grocery shopping								
Limit/Encourage fluids								
Doctor's appointments								
Shopping								
Outdoor recreation								
Assist with mail								
Other								
Aide/Companion Signature/Title	<u>[Signature]</u>			<u>HHA</u>				Date <u>04/18/22</u>
Client Signature	<u>[Signature]</u>							Date <u>4/18/22</u>

Client Name: <u>DAVIDA</u>		ALL VIP CARE & STAFFING WEEKLY VISIT RECORD							Week of <u>04/12/22</u> through <u>04/16/22</u>	
DATE	Mon	Tues	WED	THUR	FRI	SAT	SUN	OBSERVATIONS		
TIME IN										
TIME OUT										
ACTIVITIES										
Temperature										
BP										
Pulse										
Inspirations										
Last BM										
Bed bath										
Shower/shampoo										
Shower/shave										
Tub bath										
Shampoo hair										
Dry hair										
Set hair										
Brush and style hair										
Shave										
Nail care - Toes not cut nails										
Brush teeth/flosses										
Check pressure areas										
Overhead pressure relief										
Assist with walking										
Assist with transferring										
Hoyer lift										
Assisted with dressing										
Assisted with undressing										
Assisted with feeding										
Weigh client										
Assist with self-controlled repositioning										
Administration of Vets Meds/Long										
Med management										
Vaccines and shots										
Concure										
Overnight Bed Bath										
Tracheostomy										
Grocery shopping										
Lab/Consultation/Ref										
Doctor's visit/Exams										
Shopping										
Outdoor exercise										
Assist with meals										
Other										

42 Hours

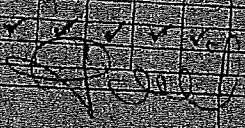

Client Signature: [Signature] Date: 04-12-22

Client Signature: [Signature] Date: 04-16-22

Client Name: Wanda McLenore

ALL-VIP CARE & STAFFING WEEKLY VISIT RECORD

Week of 04/18/22 through 04/22/22

DATE	MON	TUES	WED	THUR	FRI	SAT	SUN	OBSERVATIONS
TIME IN	8:00 AM	8:00 AM	8:00 AM	8:00 AM	8:00 AM			
TIME OUT	6:00 PM	6:00 PM	6:00 PM	6:00 PM	6:00 PM			
ACTIVITIES								100% / 92 HOURS
Temperature								
BP								
Pulse								
Respirations								
Last BM								
Bed bath								
Shower standing								
Shower chair								
Tub bath		✓			✓			
Shampoo hair		✓			✓			
Dry hair		✓			✓			
Set hair		✓			✓			
Brush and style hair		✓			✓			
Shave					✓			
Nail care - D (necut) heels					✓			
Brush teeth/clothes					✓			
Check pressure sores					✓			
Checked pressure sores					✓			
Assist with walking	✓	✓	✓	✓	✓			
Assist with transferring	✓	✓	✓	✓	✓			
Hoyer lift					✓			
Assisted with dressing	✓				✓			
Assisted with toileting					✓			
Assisted with feeding	✓	✓	✓	✓	✓			
Weight client					✓			
Assist with self administration of medications	✓	✓	✓	✓	✓			
Ambulation assist - W/C Walker	✓	✓	✓	✓	✓			
Care	✓	✓	✓	✓	✓			
Nail preparation	✓	✓	✓	✓	✓			
Vacuum and dust	✓	✓	✓	✓	✓			
Laundry	✓	✓	✓	✓	✓			
Change bed linen					✓			
Transportation					✓			
Grocery shopping					✓			
Limit/encourage fluids					✓			
Doctor's appointments					✓			
Shopping					✓			
Outdoor recreation					✓			
Assist with meal					✓			
Other	✓	✓	✓	✓	✓			
Aide/Companion Signature/Title								Date: <u>04/18/22</u>
Client Signature								Date: <u>04-22-22</u>

Client Name ANGELA MISTENBERG ALL VIP CARE & STAFFING WEEKLY VISIT RECORD
 Week of 04/25/22 through 04/29/22

DATE	Mon	TUES	WED	THUR	FRI	SAT	SUN	OBSERVATIONS
TIME IN	10:00am	10:00am	10:00am	10:00am	10:00am			
TIME OUT	6:00pm	1:30pm	1:30pm	6:00pm	6:00pm			
ACTIVITIES								TOTAL: 42 Hours
Temperature								
BP								
Pulse								
Respirations								
Last BM								
Bed bath								
Shower-standing								
Shower-chair								
Tub bath								
Shampoo hair								
Dry hair								
Set hair								
Brush and style hair								
Shave								
Nail care - cut out nails								
Brush teeth/mouth								
Check pressure sores								
Checkered pressure sores								
Assist with walking								
Assist with transferring								
Hoyer lift								
Assisted with dressing								
Assisted with eating								
Assisted with feeding								
Weight change								
Assist with administration of medications								
Assist with ambulation - W/C Walker								
Care								
Meal preparation								
Vacuum and dust								
Laundry								
Change bed linens								
Transportation								
Grocery shopping								
Urn/Encouragement								
Doctor's appointments								
Shopping								
Outdoor recreation								
Assist with medication								
Other								

Alte/Companion Signature/Title [Signature] Date 04-25-22
 Client Signature Angela Mistenberg Date 04-29-22

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Client Name Miriam P. Hernandez

ALL VIP CARE & STAFFING WEEKLY VISIT RECORD

Week of 05/02/22 through 05/06/22

	Mon	TUES	WED	THUR	FRI	SAT	SUN	ORIGINATION
DATE	05/02/22	05/03/22	05/04/22	05/05/22	05/06/22			
TIME IN	6:30 AM	6:30 AM	6:30 AM	6:30 AM	6:30 AM			
TIME OUT	6:30 PM	6:30 PM	6:30 PM	6:30 PM	6:30 PM			
ACTIVITIES								
Temperature								
BP								
Pulse								
Respirations								
Last BM								
Bed bath								
Shower-standing								
Shower-chair								
Tub bath								
Shampoo hair								
Dry hair								
Set hair								
Brush and style hair								
Shave								
Nail care Do not cut nails								
Brush teeth/dentures								
Check pressure areas								
Checked pressure areas								
Assist with walking								
Assist with transferring								
Hoyer lift								
Assisted with dressing								
Assisted with toileting								
Assisted with feeding								
Weigh client								
Assist with self administration of medications								
Ambulation assist W/C Walker Cane								
Meal preparation								
Vacuum and dust								
Laundry								
Change bed linens								
Transportation								
Grocery shopping								
Limit/Encourage fluids								
Doctor's appointments								
Shopping								
Outdoor recreation								
Assist with mail								
Other								

Aide/Companion Signature/Title [Signature] HHH Date 05-02-22

Client Signature Angela Hernandez Date 05-06-22

ALL VIP CARE & STAFFING WEEKLY VISIT RECORD

Client Name Alipia SotoWeek of 05/05/22 through 05/06/22

	Mon	TUES	WED	THUR	FRI	SAT	SUN	OBSERVATIONS
DATE				05-5	05-6			
TIME IN				6pm	10am			16. Hora.
TIME OUT								
ACTIVITIES								PENDIENTE.
Temperature								
BP								NO. PAGO.
Pulse								
Respirations								LA AGENCIA
Last BM								
Bed bath								
Shower-standing								
Shower-chair								
Tub bath								
Shampoo hair								
Dry hair								
Set hair								
Brush and style hair								
Shave								
Nail care ___ Do not cut nails								
Brush teeth/dentures								
Check pressure areas								
Checked pressure areas								
Assist with walking								
Assist with transferring								
Hoyer lift								
Assisted with dressing								
Assisted with toileting								
Assisted with feeding								
Weigh client								
Assist with self-administration of medications								
Ambulation assist W/C Walker Cane								
Meal preparation								
Vacuum and dust								
Laundry								
Change bed linens								
Transportation								
Grocery shopping								
Limit/Encourage fluids								
Doctor's appointments								
Shopping								
Outdoor recreation								
Assist with mail								
Other								

Aide/Companion Signature/Title [Signature] HHA.Date 05-05-22Client Signature [Signature]Date 05-06-22

ALL VIP CARE & STAFFING WEEKLY VISIT RECORD

Client Name

Yolanda IZQUIE

Week of

4/26/22 through 5/1/22

	Mon	TUES	WED	THUR	FRI	SAT	SUN	OBSERVATIONS
DATE	4/25	4/26	4/27	4/28	4/29	4/30	5/1	
TIME IN	4AM	5AM	9M					
TIME OUT	6AM	8AM	2AM					
ACTIVITIES								
Temperature								
BP								
Pulse								
Respirations								
Last BM								
Bed bath								
Shower-standing								
Shower-chair								
Tub bath								
Shampoo hair								
Dry hair								
Set hair								
Brush and style hair								
Shave								
Nail care Do not cut nails								
Brush teeth/dentures								
Check pressure areas								
Checked pressure areas								
Assist with walking								
Assist with transferring								
Hoist lift								
Assisted with dressing								
Assisted with toileting								
Assisted with feeding								
Weigh client								
Assist with self-administration of medications								
Ambulation assist W/C Walker Cane								
Meal preparation								
Vacuum and dust								
Laundry								
Change bed linens								
Transportation								
Grocery shopping								
Limit/Encourage fluids								
Doctor's appointments								
Shopping								
Outdoor recreation								
Assist with mail								
Other								

Aide/Companion Signature/Title

CRUZ VALENTINES HHA

Date

Client Signature

Ana M. Rowland

Date

ALL VIP CARE & STAFFING WEEKLY VISIT RECORD

Client Name CEGAR JZIQUE Week of 4/25/22 through 5/1/22

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Comments
DATE	4/25	4/26	4/27	4/28	4/29	4/30	5/1	
TIME IN	6:00	5:00	5:00	5:00	11:00	12:00		
TIME OUT	8:00	8:00	7:00		12:00	1:00		
ACTIVITIES								
Temperature								
BP								
Pulse								
Respirations								
Last BM								
Bed bath								
Shower-standing								
Shower-chair								
Tub bath								
Shampoo hair								
Dry hair								
Set hair								
Brush and style hair								
Shoes								
Nail care - do not cut nails								
Brush teeth/clothes								
Check pressure areas								
Checked pressure areas								
Assist with walking								
Assist with transferring								
Hoyer lift								
Assisted with dressing								
Assisted with toileting								
Assisted with feeding								
Weigh client								
Assist with self-administration of medications								
Ambulation assist w/C Walker								
Care								
Meal preparation								
Vacuum and dust								
Laundry								
Change bed linen								
Transportation								
Grocery shopping								
Lint/Encourage fluids								
Doctor's appointments								
Shopping								
Outdoor recreation								
Assist with mail								
Other								

Alde/Companion Signature/Title CRUZ VAGUIRES HHA Date _____

Client Signature Ara M Rowland Date _____

ALL VIP CARE & STAFFING WEEKLY VISIT RECORD

Client Name: ANGIELO, MICHAEL Week of 05/22/22 through 05/28/22

	MON	TUES	WED	THUR	FRI	SAT	SUN	OBSERVATIONS
DATE	5/22/22	5/23/22	5/24/22	5/25/22	5/26/22	5/27/22	5/28/22	
TIME IN	8:00 AM	8:00 AM	8:00 AM	8:00 AM	8:00 AM	8:00 AM	8:00 AM	TOTAL 44 Hours
TIME OUT								
ACTIVITIES								
Temperature								
BP								
Pulse								
Respirations								
Last BM								
Bed bath								
Shower-standing								
Shower-chair								
Tub bath								
Shampoo hair								
Dry hair								
Set hair								
Brush and style hair								
Shave								
Nail care - Do not cut nails								
Brush teeth/eyebrows								
Check pressure areas								
Check pressure areas								
Assist with walking								
Assist with transferring								
Hoyer lift								
Assisted with dressing								
Assisted with toileting								
Assisted with feeding								
Weigh client								
Assist with self-administration of medications								
Amputation assist W/C Walker Cane								
Meal preparation								
Vacuum and dust								
Laundry								
Change bed linen								
Transportation								
Grocery shopping								
Umb/Encourage fluids								
Doctor's appointments								
Shopping								
Outdoor recreation								
Assist with mail								
Other								

Aide/Companion Signature/Title: [Signature] HHH Date: 05-25-22

Client Signature: Angela Malendy Date: 05-27-22

ALL VIP CARE & STAFFING WEEKLY VISIT RECORD							
Client Name: <u>ANGELA MELENDEZ</u>		Week of <u>05/30/22</u> through <u>06/04/22</u>					
	8	8	8	8	8	2	
	Mon	TUES	WED	THUR	FRI	SAT	SUN
DATE	5/30	6/1					
TIME IN	12:00 PM	12:00 PM	12:00 PM	12:00 PM	12:00 PM	4:00 PM	
TIME OUT	8:00 PM	8:00 PM	8:00 PM	8:00 PM	8:00 PM	6:00 PM	
ACTIVITIES							
Temperature							
BP							
Pulse							
Respirations							
Last BM							
Bed bath	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Shower-standing							
Shower-chair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Tub bath	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Shampoo hair	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Dry hair	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Set hair							
Brush and style hair							
Shave							
Nail care <input type="checkbox"/> Do not cut nails							
Brush teeth/dentures							
Check pressure areas							
Checked pressure areas	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Assist with walking	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Assist with transferring							
Hoyer lift							
Assisted with dressing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Assisted with toileting							
Assisted with feeding	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Weigh client							
Assist with self administration of medications	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Ambulation assist W/C Walker Cane	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Meal preparation							
Vacuum and dust					<input checked="" type="checkbox"/>		
Laundry	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Change bed linens							
Transportation							
Grocery shopping							
Limit/Encourage fluids							
Doctor's appointments							
Shopping							
Outdoor recreation							
Assist with medication	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Other							

42. Horas.

Aide/Companion Signature/Title _____ Date 05-30-22

Client Signature _____ Date 06-04-22

ALL VIP CARE & STAFFING WEEKLY VISIT RECORD

Client Name ANGELA MELENDEZ Week of 05/30/22 through 06/04/22
HORAS 8 8 8 8 2

	Mon	TUES	WED	THUR	FRI	SAT	SUN	OBSERVATIONS
DATE	5/30	5/31	06/01	6/2	6/3			
TIME IN	12:pm	12:pm	12:pm	2:pm	4:pm			42 Hours.
TIME OUT	8:pm	8:pm	8:pm	8:pm	6:pm			
ACTIVITIES								
Temperature								
BP								
Pulse								
Respirations								
Last BM								
Bed bath								
Shower-standing								
Shower-chair	✓	✓	✓	✓	✓			
Tub bath								
Shampoo hair	✓	✓	✓	✓				
Dry hair								
Set hair								
Brush and style hair								
Shave								
Nail care Do not cut nails								
Brush teeth/dentures								
Check pressure areas								
Checked pressure areas	✓	✓	✓	✓	✓			
Assist with walking								
Assist with transferring	✓	✓	✓	✓	✓			
Hoyer lift								
Assisted with dressing								
Assisted with toileting								
Assisted with feeding								
Weigh client								
Assist with self administration of medications	✓	✓	✓	✓	✓			
Ambulation assist W/C Walker Cane	✓	✓	✓	✓	✓			
Meal preparation								
Vacuum and dust								
Laundry		✓	✓					
Change bed linens								
Transportation								
Grocery shopping								
Limit/Encourage fluids								
Doctor's appointments								
Shopping								
Outdoor recreation								
Assist with mail	✓	✓	✓	✓	✓	✓		
Other								

Aide/Companion Signature/Title [Signature] HHA

Date 05-30-22

Client Signature Angela Melendez

Date 06-04-22

ALL VIP CARE & STAFFING WEEKLY VISIT RECORD									
Client Name <u>YOLANDA IZIGUE</u>		Week of <u>05/30/22</u> through <u>06/05/22</u>							
<u>HORAS</u>		<u>5</u>	<u>3</u>	<u>6</u>	<u>8</u>	<u>6</u>	<u>4</u>	<u>5</u>	
		Mon	TUES	WED	THUR	FRI	SAT	SUN	OBSERVATIONS
DATE		12:AM	5:AM	5:AM	12:AM	5:AM	12:AM	6:PM	
TIME IN		5:AM	8:AM	11AM	8:AM	11AM	4AM	12AM	TOTAL 37 Horas
TIME OUT									
ACTIVITIES									
Temperature									
BP									
Pulse									
Respirations									
Last BM									
Bed bath		1	1	1	1	1	1	1	
Shower-standing									
Shower-chair				1	1	1	1	1	
Tub bath									
Shampoo hair									
Dry hair					1	1	1	1	
Set hair									
Brush and style hair					1				
Shave									
Nail care <input type="checkbox"/> Do not cut nails									
Brush teeth/dentures		1	1	1	1	1	1	1	
Check pressure areas									
Checked pressure areas									
Assist with walking		1		1	1	1		1	
Assist with transferring									
Hoyer lift									
Assisted with dressing									
Assisted with toileting		1	1	1	1	1			
Assisted with feeding									
Weigh client									
Assist with self administration of medications		1		1	1				
Ambulation assist W/C Walker Cane									
Meal preparation									
Vacuum and dust									
Laundry									
Change bed linens									
Transportation									
Grocery shopping									
Limit/Encourage fluids									
Doctor's appointments									
Shopping									
Outdoor recreation									
Assist with medication									
Other									
Aide/Companion Signature/Title	<u>[Signature]</u> HHA	Date <u>05-30-22</u>							
Client Signature	<u>Ana M. Rowland</u>	Date <u>06-05-22</u>							

ALL VIP CARE & STAFFING WEEKLY VISIT RECORD

Client Name Cesar IZQUE Week of 05/30/22 through 06/05/22

HORAS 6 3 3 3 3 5 5

	Mon	TUES	WED	THUR	FRI	SAT	SUN	OBSERVATIONS
DATE								
TIME IN	5:AM	8 AM	8 AM	8:AM	8:AM	10:AM	12:PM	TOTAL 28 HORA
TIME OUT	11:AM	11:AM	11:AM	11:AM	11:AM	3 PM	5 AM	
ACTIVITIES								LOW CESAR.
Temperature								
BP								SEMANAL.
Pulse								
Respirations								
Last BM								
Bed bath								
Shower-standing	1						1	
Shower-chair								
Tub bath	1							
Shampoo hair	1							
Dry hair								
Set hair								
Brush and style hair							1	
Shave								
Nail care ___ Do not cut nails								
Brush teeth/dentures	1				1	1	1	
Check pressure areas								
Checked pressure areas						1	1	
Assist with walking								
Assist with transferring	1	1	1	1	1	1		
Hoyer lift								
Assisted with dressing		1	1	1		1		
Assisted with toileting	1	1	1	1	1	1	1	
Assisted with feeding								
Weigh client								
Assist with self administration of medications								
Ambulation assist W/C Walker Cane								
Meal preparation								
Vacuum and dust								
Laundry								
Change bed linens								
Transportation								
Grocery shopping								
Limit/Encourage fluids								
Doctor's appointments								
Shopping								
Outdoor recreation								
Assist with medication								
Other								

Aide/Companion Signature/Title [Signature] HHA

Date 05-30-22

Client Signature Ana M. Rueda

Date 06-05-22

ALL VIP CARE & STAFFING WEEKLY VISIT RECORD

Client Name Cesar IzigueWeek of 5/30/22 through 6/5/22

	Mon	TUES	WED	THUR	FRI	SAT	SUN	OBSERVATIONS
DATE	5-30	5-31	6-01	6-2	6-3	6-4	6-5	
TIME IN	9am	4am	4am	9am	3am	7am	11pm	
TIME OUT	11am	5am	8am	12pm	9am	12pm	4am	28
ACTIVITIES								Hor
Temperature								
BP								
Pulse								
Respirations								
Last BM								
Bed bath								
Shower-standing								
Shower-chair								
Tub bath								
Shampoo hair								
Dry hair								
Set hair								
Brush and style hair								
Shave								
Nail care <input type="checkbox"/> Do not cut nails								
Brush teeth/dentures								
Check pressure areas								
Checked pressure areas								
Assist with walking								
Assist with transferring								
Hoyer lift								
Assisted with dressing								
Assisted with toileting								
Assisted with feeding								
Weigh client								
Assist with self-administration of medications								
Ambulation assist W/C Walker Cane								
Meal preparation								
Vacuum and dust								
Laundry								
Change bed linens								
Transportation								
Grocery shopping								
Limit/Encourage fluids								
Doctor's appointments								
Shopping								
Outdoor recreation								
Assist with mail								
Other								

Aide/Companion Signature/Title CRUZ VALDIVIA HHADate 5-30-22Client Signature Ana M RowlandDate 6-5-22

ALL WIP CARE & STAFFING WEEKLY VISIT RECORD

Client Name Yolanda IZQUIEWeek of 5/30/22 through 6/5/22

	Mon	Tues	Wed	THUR	FRI	SAT	SUN	OBSERVATIONS
DATE	5-30	5-31	6-01	6-2	6-3	6-4	6-5	
TIME IN	5am	5am	9pm	4am	9pm	12pm	6pm	
TIME OUT	9am	9am	7am	9am	6am	4pm	11pm	
ACTIVITIES								
Temperature								
BP								
Pulse								
Respirations								
Last BM								
Bed bath								
Shower-standing								
Shower-chair								
Tub bath								
Shampoo hair								
Dry hair								
Set hair								
Brush and style hair								
Shave								
Nail care Do not cut nails								
Brush teeth/dentures								
Check pressure areas								
Checked pressure areas								
Assist with walking								
Assist with transferring								
Hoist lift								
Assisted with dressing								
Assisted with toileting								
Assisted with feeding								
Weigh client								
Assist with self-administration of medications								
Ambulation assist w/C Walker Cane								
Meal preparation								
Vacuum and dust								
Laundry								
Change bed linens								
Transportation								
Grocery shopping								
Limit/Encourage fluids								
Doctor's appointments								
Shopping								
Outdoor recreation								
Assist with mail								
Other								

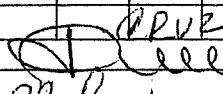
Aide/Companion Signature/Title CRUZ VALDERRAMA HHADate 5-30-22Client Signature Ana M RowlandDate 6-5-22

ALL VIP CARE & STAFFING WEEKLY VISIT RECORD

Client Name ANGELA MELENDEZWeek of 06/06/22 through 06/11/22

	Mon	TUES	WED	THUR	FRI	SAT	SUN	OBSERVATIONS
DATE	6/6	6/7	6/8	6/9	6/10	6/11		
TIME IN	12:00 PM	12:00 PM	12:00 PM	12:00 PM	12:00 PM	4 PM		
TIME OUT	8 PM	8 PM	8 PM	8 PM	8 PM	6 PM		
ACTIVITIES								
Temperature								
BP								
Pulse								
Respirations								
Last BM								
Bed bath								
Shower-standing	✓	✓						
Shower-chair								
Tub bath								
Shampoo hair			✓		✓			
Dry hair								
Set hair								
Brush and style hair								
Shave								
Nail care Do not cut nails								
Brush teeth/dentures								
Check pressure areas	✓	✓	✓	✓	✓	✓		
Checked pressure areas	✓	✓	✓	✓	✓	✓		
Assist with walking								
Assist with transferring								
Hoyer lift	✓	✓	✓	✓	✓	✓		
Assisted with dressing	✓	✓	✓	✓	✓	✓		
Assisted with toileting								
Assisted with feeding								
Weigh client								
Assist with self-administration of medications	✓				✓			
Ambulation assist W/C Walker Cane								
Meal preparation								
Vacuum and dust					✓			
Laundry					✓			
Change bed linens				✓				
Transportation								
Grocery shopping								
Limit/Encourage fluids								
Doctor's appointments				✓				
Shopping				✓	✓	✓		
Outdoor recreation				✓	✓	✓		
Assist with mail	✓	✓	✓	✓	✓	✓		
Other								

Aide/Companion Signature/Title


 APRIL *NADIESO
HHA
Date 6-6-22

Client Signature


Date 6-11-22

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ALL VIP CARE & STAFFING WEEKLY VISIT RECORD

Client Name

Yolanda IZQUIRO

Week of 6/6/22 through 6/12/22

	Mon	TUES	WED	THUR	FRI	SAT	SUN	OBSERVATIONS
DATE	6/6	6/7	6/8	6/9	6/10	6/11	6/12	
TIME IN	4 AM	5 AM	9 PM	3 AM	5 AM	9 AM	6 PM	
TIME OUT	6 AM	8 AM	3 AM	5 AM	11 AM	7 PM	4 AM	37 HOURS
ACTIVITIES								
Temperature								SEMANAL
BP								
Pulse								YOLANDA
Respirations								
Last BM								
Bed bath		1	1		1	1	1	
Shower-standing								
Shower-chair								
Tub bath								
Shampoo hair						1	1	
Dry hair								
Set hair			1		1	1	1	
Brush and style hair								
Shave								
Nail care Do not cut nails								
Brush teeth/dentures			1		1	1	1	
Check pressure areas								
Checked pressure areas								
Assist with walking			1		1			
Assist with transferring	1	1	1	1	1	1	1	
Hoist lift								
Assisted with dressing								
Assisted with toileting	1	1	1	1	1	1	1	
Assisted with feeding						1	1	
Weigh client								
Assist with self-administration of medications								
Ambulation assist w/C Walker Cane								
Meal preparation					1		1	
Vacuum and dust					1		1	
Laundry					1			
Change bed linens							1	
Transportation								
Grocery shopping								
Limit/Encourage fluids								
Doctor's appointments								
Shopping								
Outdoor recreation								
Assist with mail								
Other								

Aide/Companion Signature/Title

Cruz Valdivieso HHA

Date 6-6-22

Client Signature

Ana M. Roldan

Date 6-12-22

ALL VIP CARE & STAFFING WEEKLY VISIT RECORD

Client Name

Cesar IZQUIE

Week of

6/6/22 through 6/12/22

	Mon	TUES	WED	THUR	FRI	SAT	SUN	OBSERVATIONS
DATE	6/6	6/7	6/8	6/9	6/10	6/11	6/12	
TIME IN	6AM		5AM	5AM	9PM	11PM	12AM	
TIME OUT	8AM		11AM	7AM	3AM	4AM	5AM	
ACTIVITIES								
Temperature								
BP								CON. Cesar.
Pulse								28. Hora.
Respirations								
Last BM								
Bed bath								SEMANAL.
Shower-standing								
Shower-chair			1		1			
Tub bath								
Shampoo hair								
Dry hair								
Set hair								
Brush and style hair								
Shave								
Nail care Do not cut nails								
Brush teeth/dentures			1		1	1	1	
Check pressure areas								
Checked pressure areas								
Assist with walking	1		1	1	1	1	1	
Assist with transferring			1		1	1	1	
Hoyer lift								
Assisted with dressing					1	1	1	
Assisted with toileting	1		1	1	1	1	1	
Assisted with feeding			1					
Weigh client								
Assist with self-administration of medications								
Ambulation assist w/C Walker Cane								
Meal preparation								
Vacuum and dust								
Laundry								
Change bed linens								
Transportation								
Grocery shopping								
Limit/Encourage fluids								
Doctor's appointments								
Shopping								
Outdoor recreation								
Assist with mail								
Other								

Aide/Companion Signature/Title

CRUZ VALDIVIESO HHA

Date 6-6-22

Client Signature

Ana M. Rowland

Date 6-12-22

Client Name Yolanda Izquierdo ALL VIP CARE & STAFFING WEEKLY VISIT RECORD
 Week of 6/12/22 through 6/17/22

DATE	MON	TUES	WED	THUR	FRI	SAT	SUN	OBSERVATIONS
TIME IN	8:00am	8:00am	8:00am	8:00am	8:00am			
TIME OUT	12:00pm	12:00pm	12:00pm	12:00pm	12:00pm			
ACTIVITIES								
Temperature								
BP								
Pulse								
Respirations								
Last BM								
Bed bath								
Shower-standing								
Shower-chair								
Tub bath								
Shampoo hair								
Dry hair								
Set hair								
Brush and style hair								
Shave								
Nail care <u>Do not cut nails</u>								
Brush teeth/dentures								
Check pressure areas								
Checked pressure areas								
Assist with walking								
Assist with transferring								
Hoyer lift								
Assisted with dressing								
Assisted with toileting								
Assisted with feeding								
Wegh client								
Assist with self-administration of medications								
Ambulation assist w/C Walker Cane								
Meal preparation								
Vacuum and dust								
Laundry								
Change bed linens								
Transportation								
Grocery shopping								
Limit/Encourage fluids								
Doctor's appointments								
Shopping								
Outdoor recreation								
Assist with mail								
Other								

Aide/Companion Signature/Title Genny Izquierdo Date 6-17-22
 Client Signature [Signature] Date _____

ALL VIP CARE & STAFFING WEEKLY VISIT RECORD

Client Name ANGELA MELENDEZ Week of 6/13/22 through 6/18/22

	Mon	TUES	WED	THUR	FRI	SAT	SUN	OBSERVATIONS
DATE	6/13	6/14	6/15	6/16	6/17	6/18		
TIME IN	12:00 PM	12:00 PM	12:00 PM	12:00 PM	12:00 PM	12:00 PM		
TIME OUT	8:00 PM	8:00 PM	8:00 PM	8:00 PM	8:00 PM	6:00 PM		
ACTIVITIES								
Temperature								
BP								
Pulse								
Respirations								
Last BM								
Bed bath								
Shower-standing								
Shower-chair								
Tub bath								
Shampoo hair								
Dry hair								
Set hair								
Brush and style hair		✓						
Shave								
Nail care ___ Do not cut nails								
Brush teeth/dentures								
Check pressure areas								
Checked pressure areas								
Assist with walking		✓						
Assist with transferring		✓						
Hoyer lift		✓						
Assisted with dressing		✓						
Assisted with toileting		✓						
Assisted with feeding		✓						
Weigh client								
Assist with self-administration of medications								
Ambulation assist W/C Walker. Cane								
Meal preparation								
Vacuum and dust			✓					
Laundry			✓					
Change bed linens								
Transportation								
Grocery shopping								
Limit/Encourage fluids								
Doctor's appointments								
Shopping		..						
Outdoor recreation								
Assist with mail								
Other								

Aide/Companion Signature/Title CRUZ VALDIVIESO HHADate 6-13-22Client Signature Angela MelendezDate 6-18-22

121154

Yolanda R. R. R.

ALL WIT CARE & STAFFERS WEEKLY VISIT RECORD

Week of *6/15/22* through *6/17/22*

Client Name	Room	Unit	Unit	Unit	Unit	Unit	Unit
DATE	6-15-22	6-16-22	6-16-22	6-16-22	6-16-22	6-16-22	6-16-22
TIME IN	8:00 AM	8:00 AM	8:00 AM	8:00 AM	8:00 AM	8:00 AM	8:00 AM
TIME OUT	1:00 PM	1:00 PM	1:00 PM	1:00 PM	1:00 PM	1:00 PM	1:00 PM
ACTIVITIES							
Compositions							
BP							
Pulse							
Respirations							
Temp							
Bed bath							
Shower/bathing							
Oral care							
Diapering							
Dry hair							
Scr hair							
Brush and style hair							
Shave							
Nail care - do not cut							
Brush teeth/dentures							
Check perineal area							
Check peripheral pulses							
Assist with walking							
Assist with transferring							
Hoist use							
Assist with dressing							
Assist with undressing							
Assist with feeding							
Weight check							
Assist with self-administration of medications							
Assist with ambulation w/ walker							
Care							
Med prep/stock							
Vacuum and dust							
Laundry							
Change bed linen							
Transportation							
Grocery shopping							
Linens/Change linen							
Client's appointment							
Shedding							
Outdoor recreation							
Attend to mail							
Other							

Adm/Companion Signature/Title *CPV2 YOLANDA R. R. R.* Date *6/19/22*

Client Signature *Yolanda R. R. R.* Date *6/19/22*

DA154

ALL WIP CARE & STAFFING WEEKLY VISIT RECORD

Client Name

Cesar Izique

Week of

6/13/22 through 6/19/22

	Mon	TUE	WED	THUR	FRI	SAT	SUN	OBSERVATIONS
DATE	6-13	6-14	6-15	6-16	6-17	6-18	6-19	
TIME IN	9am	4am	4am	9am	3am	7am	11am	
TIME OUT	11am	5am	8am	12pm	8am	12pm	4am	
ACTIVITIES								2.8 Hour
Temperature								SEMANAL
BP								CON CESAR
Pulse								
Respirations								
Last BM								
Bed bath								
Shower-standing								
Shower-chair								
Tub bath								
Shampoo hair								
Dry hair								
Set hair								
Brush and style hair								
Wig								
Nail care Do not cut nails								
Brush teeth/dentures								
Check pressure areas								
Check of pressure areas								
Assist with walking								
Assist with transferring								
Assist with dressing								
Assist with toileting								
Assist with feeding								
Weigh client								
Assist with self-administration of medications								
Ambulation assist w/c Walker								
Cane								
Meal preparation								
Vacuum and dust								
Laundry								
Change bed linens								
Transportation								
Grocery shopping								
Limit/Encourage fluids								
Doctor's appointments								
Shopping								
Outdoor recreation								
Assist with mail								
Other								

Aide/Companion Signature/Title

CRUZ VALENTIN HHA

Date

Client Signature

Ana M Rowland

Date 6/19/22



ALL VIP CARE & STAFFING WEEKLY VISIT RECORD

Client Name ANGELA MELANDEZ Week of 6/20/22 through 6/25/22

	Mon	TUES	WED	THUR	FRI	SAT	SUN	OBSERVATIONS
DATE	6-20	6-21	6-22	6-23	6-24	6-25		
TIME IN	12 PM	12 PM	12 PM	12 PM	12 PM	1 PM		
TIME OUT	3 PM	3 PM	3 PM	3 PM	3 PM	3 PM		
ACTIVITIES								
Temperature								
BP								
Pulse								
Respirations								
Last BM								
Bed bath	✓							
Shower-standing								
Shower-chair	✓	✓	✓	✓	✓			
Tub bath								
Shampoo hair	✓		✓		✓			
Dry hair								
Set hair								
Brush and style hair								
Shave								
Nail care Do not cut nails								
Brush teeth/dentures								
Check pressure areas								
Checked pressure areas								
Assist with walking	✓		✓		✓			
Assist with transferring								
Hoyer lift								
Assisted with dressing	✓	✓	✓	✓	✓	✓		
Assisted with toileting								
Assisted with feeding								
Weigh client								
Assist with self-administration of medications								
Ambulation assist W/C Walker								
Cane								
Meal preparation								
Vacuum and dust								
Laundry								
Change bed linens								
Transportation								
Grocery shopping								
Limit/Encourage fluids								
Doctor's appointments								
Shopping								
Outdoor recreation								
Assist with mail								
Other								

Aide/Companion Signature/Title GRIZ VALDIVIESO Date 6-20-22

Client Signature Angela Melendez Date 6-25-22

ALL VIP CARE & STAFFING WEEKLY VISIT RECORD

Client Name JOLANDA IZIQUE

Week of 6/20/22 through 6/26/22

	Mon	TUES	WED	THUR	FRI	SAT	SUN	OBSERVATIONS
DATE	6-20	6-21	6-22	6-23	6-24	6-25	6-26	
TIME IN	5am	5am	9pm	4pm	9pm	12pm	6pm	
TIME OUT	9am	9am	7am	9am	6am	4pm	11pm	
ACTIVITIES								
Temperature								
BP								
Pulse								
Respirations								
Last BM								
Bed bath								
Shower-standing								
Shower-chair								
Tub bath								
Shampoo hair								
Dry hair								
Set hair								
Brush and style hair								
Shave								
Nail care ___ Do not cut nails								
Brush teeth/dentures								
Check pressure areas								
Checked pressure areas								
Assist with walking								
Assist with transferring								
Hoyer lift								
Assisted with dressing								
Assisted with toileting								
Assisted with feeding								
Weigh client								
Assist with self-administration of medications								
Ambulation assist W/C Walker, Cane								
Meal preparation								
Vacuum and dust								
Laundry								
Change bed linens								
Transportation								
Grocery shopping								
Limit/Encourage fluids								
Doctor's appointments								
Shopping								
Outdoor recreation								
Assist with mail								
Other								

Aide/Companion Signature/Title CRUZ VALEDIVIESO

Date 6-20-22

Client Signature JOLANDA IZIQUE

Date 6-26-22

ALL VIP CARE & STAFFING WEEKLY VISIT RECORD

Client Name ROSA F. GUEWeek of 6/20/22 through 6/26/22

	Mon	TUES	WED	THUR	FRI	SAT	SUN	OBSERVATIONS
DATE	6/20	6/21	6/22	6/23	6/24	6/25	6/26	
TIME IN	9:00am	4:00am	4:00am	9:00am	3:00am	7:00am	11:00am	
TIME OUT	11:00am	5:00am	8:00am	12:00pm	8:00am	12:00pm	4:00am	28. Hoyer
ACTIVITIES								
Temperature								SEMANAL.
BP								
Pulse								CON. CESAR
Respirations								
Last BM								
Bed bath								
Shower-standing								
Shower-chair								
Tub bath								
Shampoo hair								
Dry hair								
Set hair								
Brush and style hair								
Shave								
Nail care <input type="checkbox"/> Do not cut nails								
Brush teeth/dentures								
Check pressure areas								
Checked pressure areas								
Assist with walking								
Assist with transferring								
Hoyer lift								
Assisted with dressing								
Assisted with toileting								
Assisted with feeding								
Weigh client								
Assist with self-administration of medications								
Ambulation assist W/C Walker Cane								
Meal preparation								
Vacuum and dust								
Laundry								
Change bed linens								
Transportation								
Grocery shopping								
Limit/Encourage fluids								
Doctor's appointments								
Shopping								
Outdoor recreation								
Assist with mail								
Other								

Aide/Companion Signature/Title CRUZ VALENTINO HHA.Date 6-20-22Client Signature Rosa F. GueDate 6-26-22

ALL VIP CARE & STAFFING WEEKLY VISIT RECORD

Client Name ANGELA MELANDEZWeek of 6/27/22 through 7/1/22

	Mon	TUES	WED	THUR	FRI	SAT	SUN	OBSERVATIONS
DATE	6-27	6-28	6-29	6-30	7-1	7-2		
TIME IN	12 pm	12 pm	12 pm	12 pm	12 pm	2 pm		
TIME OUT	8 pm	8 pm	8 pm	8 pm	8 pm	6 pm		
ACTIVITIES								
Temperature								
BP								
Pulse								
Respirations								
Last BM								
Bed bath								
Shower-standing								
Shower-chair	✓	✓	✓	✓	✓			
Tub bath								
Shampoo hair	✓	✓	✓	✓	✓			
Dry hair	✓	✓	✓	✓	✓			
Set hair								
Brush and style hair								
Shave								
Nail care ___ Do not cut nails								
Brush teeth/dentures								
Check pressure areas								
Checked pressure areas	✓	✓	✓					
Assist with walking	✓	✓	✓					
Assist with transferring								
Hoyer lift								
Assisted with dressing								
Assisted with toileting								
Assisted with feeding								
Weigh client								
Assist with self-administration of medications								
Ambulation assist W/C Walker, Cane								
Meal preparation								
Vacuum and dust		✓						
Laundry								
Change bed linens								
Transportation								
Grocery shopping								
Limit/Encourage fluids								
Doctor's appointments								
Shopping								
Outdoor recreation								
Assist with mail	✓							
Other								

Aide/Companion Signature/Title CRUZ Valdivieso HHADate 6-27-22Client Signature Angela H. MelendezDate 7-2-22

ALL VIP CARE & STAFFING WEEKLY VISIT RECORD

Client Name JOLANDA IZIQUE

Week of 6/27/22 through 7/3/22

	Mon	TUES	WED	THUR	FRI	SAT	SUN	OBSERVATIONS
DATE	6-27	6-28	6-29	6-30	7-1	7-2	7-3	
TIME IN	5 am	5 am	9 pm	4 pm	9 pm	12 pm	6 pm	
TIME OUT	9 am	9 am	7 am	9 am	6 am	4 pm	11 pm	
ACTIVITIES								
Temperature								
BP								
Pulse								
Respirations								
Last BM								
Bed bath								
Shower-standing								
Shower-chair								
Tub bath								
Shampoo hair								
Dry hair								
Set hair								
Brush and style hair								
Shave								
Nail care ___ Do not cut nails								
Brush teeth/dentures								
Check pressure areas								
Checked pressure areas								
Assist with walking								
Assist with transferring								
Hoyer lift								
Assisted with dressing								
Assisted with toileting								
Assisted with feeding								
Weigh client								
Assist with self-administration of medications								
Ambulation assist W/C Walker, Cane								
Meal preparation								
Vacuum and dust								
Laundry								
Change bed linens								
Transportation								
Grocery shopping								
Limit/Encourage fluids								
Doctor's appointments								
Shopping								
Outdoor recreation								
Assist with mail								
Other								

Aide/Companion Signature/Title ORUZ VALDIVIESO, HHA

Date 6-27-22

Client Signature Jolanda IZIQUE

Date 7-3-22

ALL VIP CARE & STAFFING WEEKLY VISIT RECORD

Client Name Cesar IziqueWeek of 6/27/22 through 7/3/22

	Mon	TUES	WED	THUR	FRI	SAT	SUN	OBSERVATIONS
DATE	6-27	6-28	6-29	6-30	7-01	7-2	7-3	
TIME IN	9am	4am	4am	9am	3am	7am	11am	
TIME OUT	11am	5am	8am	12pm	8am	12pm	4am	
ACTIVITIES								
Temperature								Con Cesar.
BP								
Pulse								28. Hora.
Respirations								
Last BM								Semena/
Bed bath								
Shower-standing								
Shower-chair								
Tub bath								
Shampoo hair								
Dry hair								
Set hair								
Brush and style hair								
Shave								
Nail care <input type="checkbox"/> Do not cut nails								
Brush teeth/dentures								
Check pressure areas								
Checked pressure areas								
Assist with walking								
Assist with transferring								
Hoyer lift								
Assisted with dressing								
Assisted with toileting								
Assisted with feeding								
Weigh client								
Assist with self-administration of medications								
Ambulation assist W/C Walker Cane								
Meal preparation								
Vacuum and dust								
Laundry								
Change bed linens								
Transportation								
Grocery shopping								
Limit/Encourage fluids								
Doctor's appointments								
Shopping								
Outdoor recreation								
Assist with mail								
Other								

Aide/Companion Signature/Title CRUZ Valdivieso HHADate 6-27-22Client Signature Cesar IziqueDate 7-3-22

ALL VIP CARE & STAFFING WEEKLY VISIT RECORD

Client Name Angela Melendez Week of 7/4/22 through 7/9/22

	Mon	TUES	WED	THUR	FRI	SAT	SUN	OBSERVATIONS
DATE	7-4	7-5	7-6	7-7	7-8	7-9		
TIME IN	12 pm	12 pm	12 pm	12 pm	12 pm	1 pm		
TIME OUT	8 pm	8 pm	8 pm	8 pm	8 pm	6 pm		
ACTIVITIES								
Temperature								
BP								
Pulse								
Respirations								
Last BM								
Bed bath								
Shower-standing								
Shower-chair								
Tub bath								
Shampoo hair								
Dry hair		✓	✓	✓				
Set hair								
Brush and style hair								
Shave								
Nail care <input type="checkbox"/> Do not cut nails								
Brush teeth/dentures								
Check pressure areas								
Checked pressure areas								
Assist with walking								
Assist with transferring								
Hoyer lift								
Assisted with dressing								
Assisted with toileting								
Assisted with feeding								
Weigh client								
Assist with self-administration of medications								
Ambulation assist W/C Walker Cane								
Meal preparation								
Vacuum and dust								
Laundry			✓					
Change bed linens								
Transportation								
Grocery shopping								
Limit/Encourage fluids								
Doctor's appointments								
Shopping								
Outdoor recreation								
Assist with mail								
Other								

Aide/Companion Signature/Title _____

Date 7-4-22Client Signature Chuz Valdivieso HHA
Angela MelendezDate 7-9-22

Miss

ALL VIP CARE & STAFFING WEEKLY VISIT RECORD

Client Name Jolanda LiqueWeek of 7/4/22 through 7/10/22

	Mon	TUES	WED	THUR	FRI	SAT	SUN	OBSERVATIONS
DATE	7/4	7/5	7/6	7/7	7/8	7/9	7/10	
TIME IN	6am	5am	9pm	4am	9pm	12pm	6pm	
TIME OUT	9am	9am	7am	9am	6am	4pm	11pm	
ACTIVITIES								
Temperature								
BP								
Pulse								
Respirations								
Last BM								
Bed bath								
Shower-standing								
Shower-chair								
Tub bath								
Shampoo hair								
Dry hair								
Set hair								
Brush and style hair								
Shave								
Nail care ___ Do not cut nails								
Brush teeth/dentures								
Check pressure areas								
Checked pressure areas								
Assist with walking								
Assist with transferring								
Hoyer lift								
Assisted with dressing								
Assisted with toileting								
Assisted with feeding								
Weigh client								
Assist with self-administration of medications								
Ambulation assist W/C Walker Cane								
Meal preparation								
Vacuum and dust								
Laundry								
Change bed linens								
Transportation								
Grocery shopping								
Limit/Encourage fluids								
Doctor's appointments								
Shopping								
Outdoor recreation								
Assist with mail								
Other								

Aide/Companion Signature/Title Oniz Valdivia HHADate 7/4/22Client Signature Ana M RowlandDate 7/10/22

Daisy

ALL VIP CARE & STAFFING WEEKLY VISIT RECORD

Client Name Cesar JaigueWeek of 7/4/22 through 7/10/22

	Mon	TUES	WED	THUR	FRI	SAT	SUN	OBSERVATIONS
DATE	7/4	7/5	7/6	7/7	7/8	7/9	7/10	
TIME IN	9 AM	4 AM	4 AM	9 AM	3 AM	7 AM	11 PM	
TIME OUT	11 AM	5 AM	8 AM	12 PM	8 PM	12 PM	4 AM	
ACTIVITIES								
Temperature								CON. CESAR.
BP								
Pulse								28. Hora.
Respirations								
Last BM								Semana.
Bed bath								
Shower-standing								
Shower-chair								
Tub bath								
Shampoo hair								
Dry hair								
Set hair								
Brush and style hair								
Shave								
Nail care ___ Do not cut nails								
Brush teeth/dentures								
Check pressure areas								
Checked pressure areas								
Assist with walking								
Assist with transferring								
Hoyer lift								
Assisted with dressing								
Assisted with toileting								
Assisted with feeding								
Weigh client								
Assist with self-administration of medications								
Ambulation assist W/C Walker Cane								
Meal preparation								
Vacuum and dust								
Laundry								
Change bed linens								
Transportation								
Grocery shopping								
Limit/Encourage fluids								
Doctor's appointments								
Shopping								
Outdoor recreation								
Assist with mail								
Other								

Aide/Companion Signature/Title Chris Valdivia HHADate 7/4/22Client Signature Ana M RowlandDate 7/10/22

ALL VIP CARE & STAFFING WEEKLY VISIT RECORD

Client Name ANGELA MELLENDEZWeek of 7/11/22 through 7/16/22

	Mon	TUES	WED	THUR	FRI	SAT	SUN	OBSERVATIONS
DATE	7-11-22	7-12-22	7-13-22	7-14-22	7-15-22	7-16-22		
TIME IN	8:00 pm	8:00 pm	8:00 pm	8:00 pm	8:00 pm	6:00 pm		
TIME OUT								
ACTIVITIES								
Temperature								
BP								
Pulse								
Respirations								
Last BM								
Bed bath								
Shower-standing								
Shower-chair								
Tub bath								
Shampoo hair								
Dry hair		✓						
Set hair			✓					
Brush and style hair			✓					
Shave								
Nail care ___ Do not cut nails								
Brush teeth/dentures								
Check pressure areas			✓					
Checked pressure areas			✓					
Assist with walking								
Assist with transferring								
Hoyer lift								
Assisted with dressing			✓					
Assisted with toileting								
Assisted with feeding								
Weigh client								
Assist with self-administration of medications								
Ambulation assist W/C Walker Cane								
Meal preparation								
Vacuum and dust			✓					
Laundry								
Change bed linens								
Transportation								
Grocery shopping								
Limit/Encourage fluids								
Doctor's appointments								
Shopping								
Outdoor recreation								
Assist with mail								
Other								

Aide/Companion Signature/Title C. RUIZ VAICIVICIS HHADate 7-11-22Client Signature Angela MelendezDate 7-16-22

ALL VIP CARE & STAFFING WEEKLY VISIT RECORD

Client Name CESAR IZIQUEWeek of 7/11/22 through 7/17/22

	Mon	TUES	WED	THUR	FRI	SAT	SUN	OBSERVATIONS
DATE	7-11	7-12	7-13	7-14	7-15	7-16	7-17	
TIME IN	9 am	4 am	4 am	9 am	3 am	7 am	11 am	
TIME OUT	11 am	5 am	8 am	12 pm	8 am	12 pm	4 pm	
ACTIVITIES								
Temperature								
BP								28 Hgt.
Pulse								SEMANAL.
Respirations								Com Cesar
Last BM								
Bed bath								
Shower-standing								
Shower-chair								
Tub bath								
Shampoo hair								
Dry hair								
Set hair								
Brush and style hair								
Shave								
Nail care Do not cut nails								
Brush teeth/dentures								
Check pressure areas								
Checked pressure areas								
Assist with walking								
Assist with transferring								
Hoist lift								
Assisted with dressing								
Assisted with toileting								
Assisted with feeding								
Weigh client								
Assist with self-administration of medications								
Ambulation assist W/C Walker Cane								
Meal preparation								
Vacuum and dust								
Laundry								
Change bed linens								
Transportation								
Grocery shopping								
Limit/Encourage fluids								
Doctor's appointments								
Shopping								
Outdoor recreation								
Assist with mail								
Other								

Aide/Companion Signature/Title

C. RUIZ VALDIVIESO HHADate 7-11-22

Client Signature

Cesar IziqueDate 7/18/22

ALL VIP CARE & STAFFING WEEKLY VISIT RECORD

Client Name ANGELA MELENDEZWeek of 7/18/22 through 7/21/22

	Mon	TUES	WED	THUR	FRI	SAT	SUN	OBSERVATIONS
DATE	7-18	7-19	7-20	7-21				
TIME IN	12 PM	12 PM	12 PM	12 PM				
TIME OUT	9:30 PM	9:30 PM	9:30 PM	9:30 PM				
ACTIVITIES								
Temperature								
BP								
Pulse								
Respirations								
Last BM								
Bed bath								
Shower-standing								
Shower-chair	✓	✓	✓	✓	✓			
Tub bath								
Shampoo hair	✓	✓	✓	✓				
Dry hair	✓	✓	✓	✓				
Set hair								
Brush and style hair								
Shave								
Nail care ___ Do not cut nails								
Brush teeth/dentures								
Check pressure areas								
Checked pressure areas								
Assist with walking								
Assist with transferring								
Hoyer lift								
Assisted with dressing								
Assisted with toileting								
Assisted with feeding								
Weigh client								
Assist with self-administration of medications								
Ambulation assist W/C Walker Cane								
Meal preparation								
Vacuum and dust								
Laundry		✓						
Change bed linens								
Transportation								
Grocery shopping								
Limit/Encourage fluids								
Doctor's appointments								
Shopping								
Outdoor recreation								
Assist with mail								
Other								

Aide/Companion Signature/Title ORVZ VAIDIVISO HHADate 7-18-22Client Signature Angela MelendezDate 7-21-22

ALL VIP CARE & STAFFING WEEKLY VISIT RECORD

Client Name Cesar IZIOVEWeek of 7/18/22 through 7/24/22

	Mon	TUES	WED	THUR	FRI	SAT	SUN	OBSERVATIONS
DATE	7-18	7-19	7-20	7-21	7-22	7-23	7-24	
TIME IN	9 am	4 am	4 am	9 am	3 am	2 am	11 pm	
TIME OUT	11 am	5 am	8 am	12 pm	8 am	12 pm	4 am	
ACTIVITIES								
Temperature								
BP								
Pulse								
Respirations								
Last BM								
Bed bath								
Shower-standing								
Shower-chair								
Tub bath								
Shampoo hair								
Dry hair								
Set hair								
Brush and style hair								
Shave								
Nail care <input type="checkbox"/> Do not cut nails								
Brush teeth/dentures								
Check pressure areas								
Checked pressure areas								
Assist with walking								
Assist with transferring								
Hoyer lift								
Assisted with dressing								
Assisted with toileting								
Assisted with feeding								
Weigh client								
Assist with self-administration of medications								
Ambulation assist W/C Walker Cane								
Meal preparation								
Vacuum and dust								
Laundry								
Change bed linens								
Transportation								
Grocery shopping								
Limit/Encourage fluids								
Doctor's appointments								
Shopping								
Outdoor recreation								
Assist with mail								
Other								

Aide/Companion Signature/Title CRUZ VALEDIVIESO HHADate 7-18-22Client Signature [Signature]Date 7-24-22

ALL VIP CARE & STAFFING WEEKLY VISIT RECORD

Client Name YOLANDA IZIQUEWeek of 7/18/22 through 7/24/22

	Mon	TUES	WED	THUR	FRI	SAT	SUN	OBSERVATIONS
DATE	7-18	7-19	7-20	7-21	7-22	7-23	7-24	
TIME IN	9am	4am	4am	9am	3am	7am	11pm	
TIME OUT	11am	5am	8am	12am	8am	12pm	4am	
ACTIVITIES								
Temperature								
BP								
Pulse								
Respirations								
Last BM								
Bed bath								
Shower-standing								
Shower-chair								
Tub bath								
Shampoo hair								
Dry hair								
Set hair								
Brush and style hair								
Shave								
Nail care <input type="checkbox"/> Do not cut nails								
Brush teeth/dentures								
Check pressure areas								
Checked pressure areas								
Assist with walking								
Assist with transferring								
Hoyer lift								
Assisted with dressing								
Assisted with toileting								
Assisted with feeding								
Weigh client								
Assist with self-administration of medications								
Ambulation assist W/C Walker Cane								
Meal preparation								
Vacuum and dust								
Laundry								
Change bed linens								
Transportation								
Grocery shopping								
Limit/Encourage fluids								
Doctor's appointments								
Shopping								
Outdoor recreation								
Assist with mail								
Other								

Aide/Companion Signature/Title CRUZ VALDIVIESO HHADate 7-18-22Client Signature [Signature]Date 7-24-22